Fill is	this information to identify your cons						
	n this information to identify your case:		122A-13	one box only as o Supp:	lirected in	n this form and	in Form
Debte	or 1 Charles A. Crandell						
Debte	or 2 se, if filing)		■ 1.	There is no pres	umption	of abuse	
' '	ed States Bankruptcy Court for the: District of Marylan	.d	□ 2.	The calculation t	o determ	nine if a presum	ption of abuse
Office	d States Bankrupicy Court for the. District of Marylan			applies will be r			leans Test
Case (if know	e number			Calculation (Off		,	,
(11 1410)	,		□ 3.	The Means Test qualified military			
			□с	heck if this is a	n amen	ded filing	
Offi	icial Form 122A - 1						
Cha	apter 7 Statement of Your Cur	rent Monthly I	ncon	ne 💮			12/19
attach case n qualify Part	,	which the additional informati m a presumption of abuse be ation from Presumption of Ab	ion applie ecause yo	s. On the top of a u do not have prii	ny addition marily coi	onal pages, write nsumer debts or	your name and because of
	What is your marital and filing status? Check one or	nly.					
	☐ Not married. Fill out Column A, lines 2-11. ☐ Married and your spouse is filing with you. Fill out	ut both Columns A and R li	noc 2 11				
	■ Married and your spouse is NOT filing with you.	·		•			
	_			- A - and D. Paras	2.44		
	Living in the same household and are not lega	•		•			
	Living separately or are legally separated. Fill openalty of perjury that you and your spouse are living apart for reasons that do not include evadir	egally separated under non	bankrupt	cy law that appli	es or tha		
10 ⁻ the	I in the average monthly income that you received from all 1(10A). For example, if you are filing on September 15, the 6-me 6 months, add the income for all 6 months and divide the total buses own the same rental property, put the income from that p	nonth period would be March 1 by 6. Fill in the result. Do not it	through And	ugust 31. If the amount m	ount of you ore than o	ur monthly income once. For example	e varied during e, if both
				ımn A tor 1	Colum Debto non-fi		
	Your gross wages, salary, tips, bonuses, overtime, payroll deductions).	and commissions (before	all \$	9,865.07	\$	1,490.77	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	payments from a spouse if	* *	0.00	\$	0.00	
	All amounts from any source which are regularly pa of you or your dependents, including child support from an unmarried partner, members of your household and roommates. Include regular contributions from a sp filled in. Do not include payments you listed on line 3.	 Include regular contribution your dependents, parents 	ns S,	0.00	\$	0.00	
	Net income from operating a business, profession,	or farm	' —		·—		
		Debtor 1					
	Gross receipts (before all deductions)	\$ 0.00					
	Ordinary and necessary operating expenses	-\$ 0.00	•	0.00	•	0.00	
	Net monthly income from a business, profession, or far	m \$0.00 Copy her	e -> \$	0.00	\$	0.00	
6.	Net income from rental and other real property	Debtor 1					
	Gross receipts (before all deductions)	\$ 0.00					
	Ordinary and necessary operating expenses	-\$ 0.00					
	Net monthly income from rental or other real property	\$ 0.00 Copy her	e -> \$	0.00	\$	0.00	
	Interest dividends and royalties	_	\$	0.00	\$	0.00	

7. Interest, dividends, and royalties

Case number (if known)

			Column A Debtor 1		Column B Debtor 2 or non-filing spouse		
8.	Unemployment compensation			\$	0.00	\$	0.00
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:						
	For you \$	0.0	0				
	For your spouse \$						
9.	nsion or retirement income. Do not include any amount received that was a nefit under the Social Security Act. Also, except as stated in the next sentence, do t include any compensation, pension, pay, annuity, or allowance paid by the ited States Government in connection with a disability, combat-related injury or ability, or death of a member of the uniformed services. If you received any retired y paid under chapter 61 of title 10, then include that pay only to the extent that it es not exceed the amount of retired pay to which you would otherwise be entitled etired under any provision of title 10 other than chapter 61 of that title.		\$	0.00	\$	0.00	
10.	Income from all other sources not listed above. Spe Do not include any benefits received under the Social Streceived as a victim of a war crime, a crime against hur domestic terrorism; or compensation pension, pay, and United States Government in connection with a disabilit disability, or death of a member of the uniformed service sources on a separate page and put the total below.	decurity Act; payments manity, or international on muity, or allowance paid y, combat-related injury	or by the / or				
	. Winnings			\$	500.00	\$	0.00
				\$	0.00	\$	0.00
	Total amounts from separate pages, if any.		+	\$	0.00	\$	0.00
11.	Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total		\$10	0,365.07	+ \$	1,490.77	\$ 11,855.84 Total current monthly income
Part	2: Determine Whether the Means Test Applies to	o You					
12.	Calculate your current monthly income for the year.	Follow these steps:					
	12a. Copy your total current monthly income from line 1	·		Cop	y line 11 ł	nere=>	\$11,855.84_
	Multiply by 12 (the number of months in a year)						x 12
	12b. The result is your annual income for this part of the form					12b	. \$ 142,270.08
13.	Calculate the median family income that applies to	you. Follow these steps	S:				
	Fill in the state in which you live.	MD					
	Fill in the number of people in your household.	5					
	404 000 00						s 161,038.00
Fill in the median family income for your state and size of household							
14. How do the lines compare?							
	How do the lines compare?						
	<u> </u>	n the top of page 1, che	eck box	1, There is	no presum	ption of abus	e.
	14a. Line 12b is less than or equal to line 13. Or Go to Part 3. Do NOT fill out or file Official	Form 122A-2.			•	•	
	 Line 12b is less than or equal to line 13. Or Go to Part 3. Do NOT fill out or file Official Line 12b is more than line 13. On the top or Go to Part 3 and fill out Form 122A-2. 	Form 122A-2.			•	•	
Part	 Line 12b is less than or equal to line 13. Or Go to Part 3. Do NOT fill out or file Official Line 12b is more than line 13. On the top or Go to Part 3 and fill out Form 122A-2. Sign Below 	Form 122A-2. If page 1, check box 2,	The pre	esumption o	of abuse is	determined b	y Form 122A-2.
	 Line 12b is less than or equal to line 13. Or Go to Part 3. Do NOT fill out or file Official Line 12b is more than line 13. On the top or Go to Part 3 and fill out Form 122A-2. 	Form 122A-2. If page 1, check box 2,	The pre	esumption o	of abuse is	determined b	y Form 122A-2.
	 Line 12b is less than or equal to line 13. Or Go to Part 3. Do NOT fill out or file Official Line 12b is more than line 13. On the top or Go to Part 3 and fill out Form 122A-2. Sign Below 	Form 122A-2. If page 1, check box 2,	The pre	esumption c	of abuse is	determined b	y Form 122A-2.

Debtor 1 Charles A. Crandell

Case 24-16439 Doc 5 Filed 07/31/24 Page 3 of 3

Debtor 1	Charles A. Crandell	Case number (if known)	
Da	ate 7/31/2024 MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and file it with this for	m.	